STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and CirculationSEC. OF STATE

| Return to: Secretary of State, 500 E | E. Capitol, Pierre, SD 5 | | |
|---|----------------------------------|--|-------|
| 1. TIFLE OF NEWSPAPER South Shore Gazette | | 2. DATE 9-06 | |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS 52 | | 3B. ANNUAL SUBSCRIPTION PRICE \$ In State \$ 15,00 | |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) | | | |
| (Not printers) Main St, South Show Cedington County South) glots 5726 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE | | | 3-00. |
| | | | |
| PUBLISHER (Not printers) 108 N Mgin St. P. O Box 96, South Show 50 57263-0096 | | | |
| | ore | | |
| 7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. If | of total amount of stock. | . If not owned by a corporation, the | |
| and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS | | | |
| Sherry Elmore | POBOX 96, South Shor, 50 5763-00 | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER | R SECURITY HOLDER | S OWNING OR HOLDING 1 | |
| PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, M | ORTGAGES OR OTHE | ER SECURITIES (If there are none, so | |
| state. If more space is needed, list on back of this form. | | | |
| | AVERACE NO. CO. | DIEC | |
| a manage of all all all all all all all all all al | AVERAGE NO. COI EACH | ACTUAL NO. COPIES | |
| 9. EXTENT AND NATURE OF CIRCULATION | ISSUED PRECEDIN MONTHS | NEAREST TO FILING DATE | |
| A.TOTAL NO. COPIES (Net Press Run) | 600 | 600 | |
| B.PAID AND/OR REQUESTED CIRCULATION | | | |
| 1. Sales through dealers and carriers, street vendors and | , | | |
| counter sales. 2. Mail Subscription | 3.71 | 777 | |
| (Paid and or requested) | 356 | 551 | |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 336 | 337 | |
| D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS | | | |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES | | | |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 336 | 337 | |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | 264 | 263 | |
| 2. Return from News Agents | | | |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | 600 | 600 | |
| Statement must be signed by Publisher, Business Mana | | | |
| I swear that the statements made by me are true, | correct, and comple | ete: | |
| thern throw | Dublisher | 1 Owner | |
| (Signature) | y acc | (Title) | |
| Sworn to before me this 2 day of December, 2006 | | | |
| State of South Dakota) | Sworn to before me th | nis a gay of Vecember, 20 00 | |
| Sinka M. Henriche | | | |
| County of Notary Public Notary Public | | | |
| (Seal) SEAL NOTARY PUBLIC SEAL SOUTH DAKOTA | My commission expir | res: <u>9-17-2010</u> | |

Form: SOS REC 051 7/2004